DISABLED PERSONS
Commission

Annual Report

Nova Scotia
Disabled Persons Commission

2001 - 2002

NOVA SCOTIA

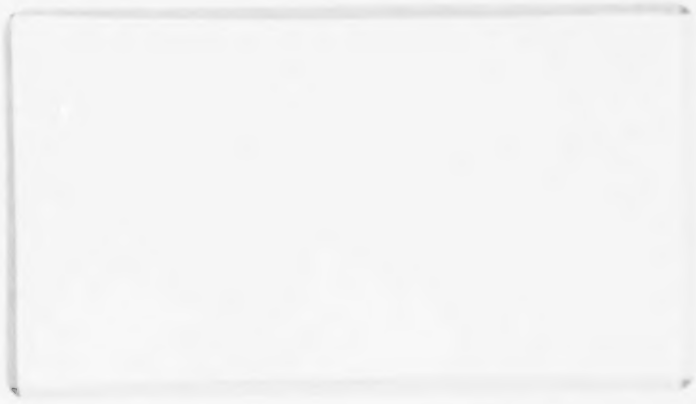

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Table of Contents

1. Message from the Chair . . . . . page 01

2. The Disabled Persons Commission
   - 2.1 Background . . . . . page 04
   - 2.2 Co-ordinating Committee of Ministers . . . . . page 04
   - 2.3 Disabled Persons Commission Act . . . . . page 05

3. Disability in Nova Scotia
   - 3.1 Definition of Disability . . . . . page 11
   - 3.2 Profile of Disability in Nova Scotia . . . . . page 12

4. Words and Expressions for Disability . . . . . page 17

5. Some Tips When Meeting Persons With Disabilities . . . . . page 20

6. Some Tips On Reasonable Accommodations in the Workplace . . . . . page 21

7. Partnership for Access Awareness . . . . . page 23

8. National Supported Employment Conference . . . . . page 29

9. Nova Scotia Disabled Persons Commission Directory . . . . . page 30

10. Access to Government Buildings . . . . . page 31

11. Brain Injury Association Report . . . . . page 32

12. Archie Kaiser Research Grant . . . . . page 36

1. MESSAGE FROM THE CHAIR

I am pleased to present the 2001-02 Annual Report of the Nova Scotia Disabled Persons Commission. The Report gives a brief overview of some of the issues and initiatives that have been on the Agenda of the Disabled Persons Commission in the past year.

This Annual Report marks the end of a year of change for the Disabled Persons Commission and an opportunity for renewal as we go forward with new faces and fresh ideas with a new Disabled Persons Commission. In the fall of 2002, the terms of appointment of the present Commissioners expired and at this time I would like to take the opportunity to thank outgoing Commission members for their dedicated work on behalf of persons with disabilities. I would particularly like to acknowledge the contributions and leadership of six Commissioners who will not be re-offering. The Commission has benefitted from the depth of their knowledge and understanding throughout their terms with the Commission and is deeply appreciative. As Chair, I wish to recognize their efforts and contributions and to thank them on behalf of all Nova Scotians with disabilities.

Community Representatives (not returning)

Julianne Acker-Verney, of Halifax
Audrey Harmer. of Guysborough County
Scott Gillis, of Kentville

Government Representatives (not returning)

Craig Hinchey, Department of Community Services
Karen Ramsland, Service Nova Scotia & Municipal Relations
Brian Wilbur, Department of Health - Addiction Services

With the departure of long serving Executive Director, Charlie MacDonald, support staff shortages and the long delay in appointing a new Executive Director as well as a new Commission have all combined to make this past year in the life of the Commission a rather difficult road to travel. However, the Commission recognized that initiatives begun had to proceed and the daily routine continued no matter what. I will say more on that topic later but first I want to highlight a few of our major initiatives of the year.

In late 2001, the Disabled Persons Commission participated fully in the 6th National Supported Employment Conference in Nova Scotia. Executive Director, Charlie MacDonald, brought to this work his strong sense of commitment and leadership. The Disabled Persons Commission participated in the NSEC in partnership with the eleven community Disability Partnership Committees recently formed throughout Nova Scotia to work towards social and economic inclusion of persons with disabilities into the Nova Scotia fabric. The National Conference was a resounding success providing an opportunity to learn from each others new trends, theories and themes. There were many exciting outcomes from the initiative including community dialogue dealing with accommodation and the fact that all people need accommodation to participate in all environments.

The Disabled Persons Commission provided input through a mixed group of government and non-government officials to study and make recommendations for updating the province's legislation concerning elevators and lifts. This is a subject that is quite technical as it deals with the technical aspects of operating, maintaining and inspecting various elevating devices as well as all the safety issues involved. It is also an area of great concern to persons with disabilities. The Disabled Persons Commission will continue to monitor the implementation of the new legislation and regulations.

The Disabled Persons Commission worked closely with the Nova Scotia Human Rights Commission to implement the settlement decision in the Archie Kaiser matter. A process was developed jointly to solicit, rate and fund mental health projects in accord with the provisions of the settlement. That has now been accomplished to everyone's satisfaction.

The confusion, mis-information and the lack of adequate understanding and community treatment options around the whole issue of brain injury have long concerned the Disabled Persons Commission. The issues surrounding brain injury have been perceived as monumental, complex and potentially too expensive to solve, not only in Nova Scotia but everywhere. The result is a sort of paralysis. No one knows where to start so nothing gets done. This Fall the Disabled Persons Commission brought together a Roundtable of experts who deal with brain injuries to share information and expertise. This proved a wonderful learning experience from which everyone came away enriched.

While the problems concerning brain injury remain monumental and complex and a full solution expensive to solve; probably beyond the immediate means of a cash-strapped province like Nova

Scotia, the Roundtable did uncover some potentially workable initiatives that the Province could do with minimal cost and still others involving public leadership and community involvement that would involve little or no cost.

The Roundtable Report made recommendations on the best first steps in establishing a workable program to begin to deal more effectively with the brain injured.

As noted previously, this past year has been very challenging for the Disabled Persons Commission staff especially Burke MacCallum and Barbara Cantwell. When the departure of Executive Director, Charlie MacDonald for a new assignment, they were left to run the Disabled Persons Commission on their own in their new premises for six months.

The situation has improved. Judy Hughes is in place as the new Executive Director and Kathy Berrigan has been hired to handle reception, telephone and office support. We now anticipate a more productive and planned year as we move forward in 2003 with a full staff compliment as well as a new Commission.

The new Commission will begin setting down some goals and objectives for its two year mandate. We hope to take a few Commission meetings outside the Metro area to Sydney, Yarmouth, Kentville or Antigonish. In the past this has been a productive way to involve persons with disabilities in the outlying areas.

Respectfully submitted,

Ralph Ferguson, Chair
Disabled Persons Commission

2. THE DISABLED PERSONS COMMISSION

2.1 Background

The Nova Scotia Disabled Persons Commission was established under the authority of the Disabled Persons Commission Act in 1989. The Act provides a mechanism to ensure a framework exists, whereby Nova Scotians with disabilities can advise policy-makers and program developers on the needs of persons with disabilities. The Act provides a mechanism for persons with disabilities to become policy advisors on issues and concerns which directly affect their lives.

The Disabled Persons Commission is comprised of twelve members, the majority of whom must be persons with a disability or are representative of the community. The remaining members of the Commission are chosen from among government departments which deliver programs that directly affect persons with disabilities. Each Commission member is appointed for a two year term and the Commission members elect the Chairperson, who must be a representative of the community.

In making appointments to the Commission, the Governor-in-Council attempts to ensure that members of the Commission represent the various regions of the Province.

Also, each member of the Commission is an independent representative and does not represent only the concerns of one disability.

2.2 Co-ordinating Committee of Ministers

The Disabled Persons Commission is primarily responsible to the Government of Nova Scotia, through the Coordinating Committee of Ministers. The Chairperson of this Coordinating Committee is the Minister responsible for reporting on disabled persons, the Minister of Community Services, the Honourable Peter Christie. Membership on the Coordinating Committee is comprised of Departments that have a direct stake in provision of services for persons with disabilities.

The following Departments are represented on the Coordinating Committee of Ministers:

Peter Christie	Minister of Community Services
Jamie Muir	Minister of Health
Jane Purves	Minister of Education
Ron Russell	Minister of Transportation and Public Works & Minister of Labour
Angus MacIsaac	Minister of Services Nova Scotia and Municipal Relations

2.3 The Disabled Persons Commission Act

CHAPTER 130

AN ACT TO ESTABLISH THE DISABLED PERSONS COMMISSION

SHORT TITLE

1. THIS ACT MAY BE CITED AS THE DISABLED PERSONS' COMMISSION ACT. 1989, C.4, S.1.

PURPOSE OF THE ACT

2. THE PURPOSE OF THIS ACT IS TO:

(a) provide for the participation of disabled persons in the development of Government policies and programs relating to or affecting disabled persons;

(b) establish a central mechanism to ensure the concerns of disabled persons respecting policy and program development and delivery are conveyed to the appropriate departments of the Government; *and*

(c) ensure the concerns of disabled persons will be promoted in and considered by the Government, especially in maters of policy and where the concerns affect several departments of the Government.

1989,c. 4, s. 2.

INTERPRETATION

3. In this Act,

(a) "Commission" means the Disabled Persons Commission established by this Act;

and

(b) "Co-ordinating Committee" means the Co-ordinating Committee established by this Act. 1989,c. 4, s. 3.

DISABLED PERSONS COMMISSION

4. (1) There is hereby established a Disabled Persons Commission consisting of a chairman and twelve members appointed by the Governor in Council of which

(a) a majority of members shall be persons who are disabled or are advocates for disabled persons or who are representatives of organizations representing disabled persons; and

(b) the remaining members of the Commission shall be chosen from among persons nominated by the departments of the Government providing services to disabled persons.

Representative appointments

(2) In making appointments pursuant to subsection (1), the Government in council shall endeavor to ensure the members of the Commission represents the various regions of the province.

Independence of members

(3) Each member of the Commission is an independent representative to the Commission and does not represent only the concern of one disability. 1989,c. 4, s. 4.

TERM OF OFFICE

5. (1) Each member of the Commission holds office for a term of two years and may be re-appointed.

Chairman and Vice-Chairman

(2) The Governor in Council may, after consultation with the Commission,

designate members of the Commission who are disabled persons as Chairman and Vice-Chairman of the Commission.

Quorum

(3) A majority of the members of the Commission constitutes a quorum.

Expenses

(4) Each member of the Commission shall be reimbursed for such reasonable expenses incurred by the member in connection with the work of the Commission.

Place of meetings

(5) The Commission shall hold its meeting throughout the Province.
1989,c. 4, s. 5.

OBJECTS OF COMMISSION

6. The objects of the Commission are to

(a) assist the Co-ordinating Committee in understanding, and advising the Co-ordinating Committee on, the needs and abilities of disabled persons;
(b) make the general public aware of the needs and abilities of disabled persons;
(c) make disabled persons and the able-bodied public aware of government programs that serve disabled persons; and
(d) make the able-bodied public aware of what it can do to facilitate the integration of disabled persons into the social and economic life of the community
1989,c. 4, s. 6.

DUTIES OF COMMISSION

7. The Commission shall
(a) advise the Co-ordinating Committee on matters pertaining to disabled

persons in the community, including the provision of technical aids and the Building Code as it pertains to disabled persons;

(b) identify and study issues of concern to disabled persons and recommend action where appropriate;

(c) promote opportunities for self-help for disabled persons in the context of the family and the community;

(d) review programs and policies affecting disabled persons;

(e) respond to requests from the Co-ordinating Committee for advice on specific issues;

(f) prepare an annual guide book on programs serving disabled persons; including both programs administered by the Province and by other organizations;

(g) submit to the Government through the Co-ordinating Committee an annual report outlining the Commission's activities and achievements; and

(h) advise the Co-ordinating Committee on which community in the Province has done the most in any year to improve awareness of the accessibility for disabled persons.

1989,c. 4, s. 7.

REPORT ON CERTAIN MATTERS

8. Where the Commission reviews, considers or inquiries into any matter at the request of or with the approval of the Co-ordinating Committee, the Commission shall make a report to the Co-ordinating Committee with respect to that matter at the conclusion of its deliberations.

1989,c. 4, s. 8.

CO-ORDINATING COMMITTEE

9. (1) There is hereby established a Co-ordinating Committee consisting of the Minister of Community Services, the Minister of Health and Fitness, the Minister of Advanced Education and Job Training, the Minister of Government Services, the Minister of Labour, the Minister of Municipal Affairs, the member of the Executive Council who is charged with the administration of the Housing Act, and such members of the Executive Council as may be determined by the Governor in Council.

Chairman

(2) The Governor in Council shall designate one of the members of the Co-ordinating Committee to be the Chairman of the Committee.

Expenses

(3) The Chairman and each member of the Co-ordinating Committee shall be paid such reasonable expenses incurred by them in the performance of their duties as are determined by the Governor in Council.
1989,c. 4, s. 9.

OBJECT OF CO-ORDINATING COMMITTEE

10. The object and purpose of the Co-ordinating Committee is to, in partnership with the Commission, facilitate the planning and development of services and programs for disabled persons by

(a) co-ordinating plans, policies and programs presented by the departments of the Government; and
(b) developing plans, policies and programs for and with disabled persons.
1989,c. 4, s. 10.

EXECUTIVE DIRECTOR

11. (1) The Governor in Council may appoint a person to be the Executive Director of the Commission after consultation with the Commission.

Remuneration

(2) The Executive Director shall be paid such remuneration as is determined by the governor in Council.

Duties

(3) The Executive Director shall perform such functions and duties as are assigned to the Executive Director by the Commission.

1989,c. 4, s. 11.

PERSONNEL

12. Such persons as are required for the administration of this Act and the regulations shall be appointed in accordance with the Civil Service Act.
1989,c. 4, s. 12.

REGULATIONS

13. (1) The Governor in Council may make regulations respecting any matter of thing the Governor in Council deems necessary or advisable to carry out the purpose of this Act.

Regulations Act

(2) Regulations made pursuant to subsection (1) shall be regulations within the meaning of the Regulations Acts.
1989,c. 4, s. 13.

3. DISABILITY IN NOVA SCOTIA

3.1 Definition of Disability

Most members of the general public would probably consider the meaning of the term disability quite obvious. In reality, however, disability is a complex phenomenon, with different meanings for different people. To some, disability simply means some type of medical condition resulting in physical or mental abnormality. To others, disability is characterized by an inability to do things that most other people can do. To still others, it means economic or social disadvantage because of environmental circumstances that can't accommodate physical or mental 'difference'. Each of these popularly understood meanings has some validity. Each by itself, however, fails to capture the full reality of disability.

Since 1981 untangling the complexities of defining disability has been a continuing priority for the World Health Organization. Its two decade old initiative to develop an internationally recognized definition of disability has resulted in the now much refined International Classification of Impairments, Disabilities and Handicaps. It became clear to the International Committee early on that disability could not be defined adequately except in the context of the underlying impairment and the resulting handicap. Separating and exploring the relationships between these three key components of the disability phenomenon has expanded our understanding of disability and opened doors to creating effective strategies for maximizing the potential of people with disabilities world wide.

Within the International Classification of Impairments, Disabilities and Handicaps:

> Impairment means: an abnormality of bodily structure or organic function due to an underlying disease, trauma or medical condition.
>
> Disability means: functional limitations, or inability or reduced ability to perform a 'normal' range of activities due to impairment.
>
> Handicap means: disadvantages experienced by individuals because of the interaction of impairments and disabilities with the surrounding environment.

The central notion here is the interaction of impairments and disabilities with the environment.

People with impairments do not necessarily have functional limitations or disabilities; and people with disabilities are not necessarily handicapped in their physical and social environments. Let's take, for example, a person whose impairment is a serious facial disfigurement as a result of a fire. The disfigurement may have no impact at all on his or her ability to perform 'normal' activities (no disability). The individual may nonetheless experience a serious disadvantage (handicap) accessing employment in an employing organization where negative societal attitudes towards disfigurement prevail. By contrast, take the example of someone that has sustained a spinal cord injury in a diving accident and now uses a wheelchair for mobility. This individual clearly has both an impairment and a disability. Nonetheless, in an accessible and socially aware workplace where appropriate accommodations are available, the impairment and disability do not necessarily result in reduced capacity to access and maintain employment; that is, a handicap. Separating the three components of disability, then, and in particular highlighting the important role played by environmental responses to impairments and disabilities, has provided important insight into how we might harness the untapped potential of the disability population and thereby expand the pool of available labour.

3.2 Profile Of Disability In Nova Scotia

A Statistical Profile from the New 2001 PALS Survey.

According to the most current figures available from the 2001 Participation and Activity Limitation Survey (PALS) carried out by Statistics Canada, there were 3,420,340 persons with disabilities in Canada over 15 years of age and 180,930 children with disabilities under 15 years of age. This represents 14.6 percent of the adult Canadian population and 3.2 percent of all children.

The comparable figures for Nova Scotia in 2001 were 146,000 adults with disabilities, or 20.1 percent of the Nova Scotia population, and 6,210 children with disabilities, or 3.8 percent of children.

Table 1 provides the disability rates for adults over 15 years of age for Canada and the province. As in all previous Statistics Canada surveys, the disability rate for Nova Scotia in 2001 was higher than any other province in Canada at 20.1 percent, and almost 6% higher than the Canadian average of 14.6 percent. Quebec had the lowest disability at less than half of Nova Scotia rate at 9.8 percent. In addition, the new PALS survey found that Nova Scotia has the

highest percentage of Severe and Very Severe levels of disability in Canada.

TABLE 1

DISABILITY RATES FOR ADULTS AGED 15 YEARS & OVER, CANADA AND PROVINCES 2001

	Total
Canada	14.6
Newfoundland	14.1
Prince Edward Island	17.0
Nova Scotia	20.1
New Brunswick	16.9
Quebec	9.8
Ontario	16.0
Manitoba	16.9
Saskatchewan	17.3
Alberta	14.8
British Columbia	16.3

Table 2 provides the disability rate and number by age and sex for Nova Scotia. in 2001. Of those reporting disabilities in Nova Scotia in 2001, 52.8 percent were female (80,330) and 47.2 percent were male (71,890). Disability rate increases with age, and in Nova Scotia approximately 75 percent of all persons with disabilities were over 45 years of age.

TABLE 2
DISABILITY RATE AND NUMBER BY AGE AND SEX FOR NOVA SCOTIA 2001

TOTAL POPULATION

AGE (YEARS)	DISABILITY (%)	POPULATION SIZE
Total Population	100%	152,200
0 - 14 years	4.0	6,210
15 - 24 years	4.0	6,190
25 - 44 years	17.2	26,200
45 - 64 years	36.0	54,910
65 - 74 years	17.0	26,020
75+ years	21.4	32,670

FEMALE POPULATION

AGE (YEARS)	DISABILITY (%)	POPULATION SIZE
Total Population	100%	80,330
0 - 14 years	2.8	2,250
15 - 24 years	3.8	3,110
25 - 44 years	16.9	13,630
45 - 64 years	33.8	27,210
65 - 74 years	17.4	14,000
75+ years	25.0	20,130

MALE POPULATION

AGE (YEARS)	DISABILITY (%)	POPULATION SIZE
Total Population	100%	71,890
0 - 14 years	5.5	3,960
15 - 24 years	4.2	3,080
25 - 44 years	17.4	12,580
45 - 64 years	38.5	27,710
65 - 74 years	16.7	12,020
75+ years	17.4	12,540

One of the advantages of the new PALS survey is a more comprehensive analysis of the types of disabilities in Canada. Table 3 gives a listing of the types of disabilities identified in the PALS survey and the number of persons in Nova Scotia who reported having that type of disability. The most reported types of disabilities in Nova Scotia were mobility disability (105,970), pain (103,150), and agility disability (96,580).

TABLE 3

TYPES OF DISABILITIES REPORTED BY ADULTS AGED 15 YEARS AND OVER FOR 2001

TYPES OF DISABILITIES	NUMBER
Mobility	105,970
Pain	103,150
Agility	96,580
Hearing	49,290
Seeing	24,860
Psychological	20,250
Learning	16,700
Memory	14,910
Speech	14,650
Development	2,600
Unknown	4,070

For the above Table 3, Statistics Canada has defined each of the disabilities as follows:

TYPE OF DISABILITY AMONG ADULTS

Hearing:	Difficulty hearing what is being said in a conversation with one other person, in a conversation with three or more persons or in a telephone conversation.
Seeing:	Difficulty seeing ordinary newsprint or clearly seeing the face of someone from 4 metres (12 feet).
Speech:	Difficulty speaking and/or being understood.
Mobility:	Difficulty walking half a kilometre or up and down a flight of stairs, about 12 steps without resting, moving from one room to another, carrying an object of 5 kg (10 pounds) for 10 metres (30 feet) or standing for long periods.
Agility:	Difficulty bending, dressing or undressing oneself, getting into and out of bed, cutting own toenails, using fingers to grasp or handling objects, reaching in any direction (for example, above one's head) or cutting own food.
Pain:	Limited in the amount or kind of activities that one can do because of a long-term pain that is constant or reoccurs from time to time, for example, recurrent back pain.
Learning:	Difficulty learning because of a condition, such as attention problems, hyperactivity or dyslexia, whether or not the condition was diagnosed by a teacher, doctor or other health professional.
Memory:	Limited in the amount or kind of activities that one can do due to frequent periods of confusion or difficulty remembering things. These difficulties may be associated with Alzheimer's disease, brain injuries or other similar conditions.
Developmental:	Cognitive limitations due to the presence of a developmental disability or disorder, such as Down syndrome, autism or mental impairment caused by a lack of oxygen at birth.
Psychological:	Limited in the amount or kind of activities that one can do due to the presence of an emotional, psychological or psychiatric condition, such as phobias, depression, schizophrenia, drinking or drug problems.

A full profile of persons with disabilities is available from the office of the Disabled Persons Commission at no charge.

4. WORDS AND EXPRESSIONS FOR DISABILITY

A major barrier to full social and economic participation by persons with disabilities is attributable to the attitudes and beliefs of society. The language used to described persons with disabilities and the image that these descriptions portray, whether in media releases, speeches, brochures, or other forms of communications, has a significant impact on establishing and reinforcing societal attitudes towards persons with disabilities.

The Nova Scotia Disabled Persons Commission urges the use of "positive images" in representing persons with disabilities or in reporting on issues of relevance to persons with disabilities. The Commission recommends the focus should be placed upon the person and not the limitation, the ability not the disability, and the promotion of equality and responsibility rather than pity and charity. The use of inappropriate language reinforces the belief in the "helpless plight" of persons with disabilities. Phrases such as "suffering from a handicap", "crippled", or "afflicted with", illustrates the inferiority assumptions of the charitable approach to persons with disabilities.

The use of language leaves a lasting impression upon the audience or reader and misconstrued meanings evolve from the way words are used. Persons who are portrayed as being a "retard", and "idiot", or "spastic" have very little chance in full participation and have, in fact, been dehumanized and devalued as persons. It is understandable that persons who have intellectual disabilities have named their major consumer organization "People First" in response to the significant impact and disadvantage imposed upon them by labeling.

In a similar manner, portraying persons with disabilities who strive for independence and achievement as "courageous", "heroic" and an "inspiration", while more positive in tone, undermine the notion that persons with disabilities undertake "normal" activities.

The inappropriate portrayal of persons with disabilities reinforces the ignorance and the fear felt by the general public who have little or no contact with persons with disabilities. This ignorance and fear leads to the creation of barriers to full participation in society. The elimination of barriers should be based upon the premise of the right to equal participation, not notions of pity, charity, or fear.

Words and expressions should represents persons with a disability in an appropriate, fair and accurate way. In conjunction with the "Decade of the Disabled" (1983-1992), the Status of

Disabled Persons Secretariat prepared guidelines in conjunction with individuals, advocacy groups and associations. This collaboration resulted in the development of guidelines for appropriate terminology when referring to persons with disabilities. The Disabled Persons Commission continues to monitor and update these guidelines in order to support the general public, organizations and Government to communicate using "Words and Expressions for Equality".

DO NOT USE...	**USE INSTEAD...**
Birth defect, congenital defect, deformity	*Person with a disability since birth or person who has a congenital disability*
Sightless, visually challenged	*Person who is blind, person who is visually impaired*
Confined, bound, restricted or dependent on a wheelchair	*Person who uses a wheelchair*
Cripple, lame	*Person with a disability; person with a Mobility impairment; person who has Arthritis, polio, etc.*
Deaf/mute	*Person or persons who are deaf, deafened (Person who is deafened indicates an individual who has lost their hearing later in life)*
The Disabled	*Person or persons with a disability*
Epileptic	*Person who has epilepsy*
Fit, attack, spell	*Seizure*
The Handicapped	*Person with a disability*
The Hard of Hearing	*The Disabled*
Insane - crazy, deviant, lunatic, maniac	*Person with a mental health disability;*

mentally diseased, nuts, psychotic, mad, unsound mind, demented, loony, mental patient, neurotic, psycho, schizophrenic	*person who has schizophrenia; person who has depression; person who is mental health consumer. "Insane" means an unsound mind (should only be used in a strictly legal sense).*
Invalid	*Person with a disability; "Invalid" means not valid*
DO NOT USE...	**USE INSTEAD...**
Mentally retarded (*defective, idiot, imbecile, retarded, mongoloid, feeble minded, moron, simple*)	*Person with an intellectual disability; person who is intellectually impaired.*
Normal	*Person who is not disabled; able-bodied*
Patient	*Use only when referring to the relationship between a doctor and a client. (Hospitals and doctors have patients)*
Spastic	*Person who has spasms; person with cerebral palsy*
Suffers from (*afflicted by and/or strickened with*)	*Person with a disability (a disability is not Synonymous with suffering)*
Victim of cerebral palsy, polio, multiple sclerosis, arthritis, etc.	*Person with a disability; person with mobility impairment; person who has cerebral palsy, multiple sclerosis, arthritis, etc.*

The terms paraplegic, quadriplegic and amputee are used and accepted by persons with those disabilities.

5. SOME TIPS WHEN MEETING PERSONS WITH DISABILITIES

When meeting and talking with persons with a disability, it is important to keep an open mind and avoid making assumptions and generalizations. If you are not sure about something, ask first and give people time to do what they are able to do, assisting them in the way they request.

Persons with disabilities have the same wide range of abilities and personalities as other individuals have. They can talk about things other than their disability.

No one likes to be quizzed about their personal life by strangers and curious people. Get to know a person with a disability first before you start asking personal questions about their disability. Don't make assumptions.

Offer people with disabilities the same choices as you would anyone else. People with visible and invisible disabilities have the legal right to participate fully in the community.

Speak directly to the person with a disability. Be patient and give the person the chance to express him/herself. Certain disabilities will hamper the speech process but not the thought process. This is a basic courtesy.

Avoid patronizing and paternalistic attitudes. Many of us were raised with the principle that it was not polite to stare. Remember that; if you catch yourself staring at a person with a disability. Please use the term "person with a disability" never "handicapped" and reference our publication *"Expressions for Equality"*.

Persons who are not disabled are all different, and the same applies to persons with disabilities. Functional limitations or abilities will vary. Offer assistance if it appears that someone requires it. If your offer is accepted, ask the person what type of assistance he/she would like. Do not be offended if your offer is not accepted.

Although it is important to use accurate terminology, persons with disabilities are comfortable with every day language such as ... Did you see that? to a person who is blind or Did you enjoy your walk? to a wheelchair user. Persons who are blind see what you mean and wheelchair users go for walks.

Persons who are deaf or hard of hearing communicate by using sign language, lip reading, audio aides, paper and pencil, or a combination of any of these.

SKILLS

- Speak in a normal voice, and directly to the person with a disability rather than to someone else. ie What does she want for lunch?
- Do not exaggerate your speech or yell
- Do not obstruct your mouth with hands
- Keep a pencil and paper handy

Remove obstacles that would hinder the mobility of any visitors, in particular persons with disabilities.

Not all disabilities are visible or obvious. Therefore, be aware and sensitive to the possibility that you may be dealing with someone who has a learning disability, a mental health or intellectual disability, or epilepsy.

Treat persons with disabilities as you yourself would like to be treated. Remember that dignity and respect are the corner stones to good communication.

6. SOME TIPS ON REASONABLE WORKPLACE ACCOMMODATIONS

Reasonable accommodations enhance the opportunity for qualified persons with disabilities who may not otherwise be considered for reasons unrelated to actual job requirements to be or remain employed. The purpose of providing reasonable accommodations is to enable employers to hire or retrain qualified job candidates regardless of their disability by eliminating barriers in the work place.

A generally accepted definition of reasonable accommodation is that an employer shall make a reasonable accommodation to the known physical or mental limitations of an otherwise qualified applicant or employee unless the employer can demonstrate that the accommodation would

impose an undue hardship on the operation of its' program.

1. Inquiries made of an individual about limitations in job performance must be directly related to the prospective or existing position. Accommodations are tailored for a certain job or situation that an individual is hired to perform

2. Each person with a disability must be consulted prior to the planning and be involved in the implementation of an accommodation.

TYPES OF ACCOMMODATIONS INCLUDE:

a. assistive devises
b. reassignment
c. modified work schedules
d. job modifications
e. relocation or a change in the physical location

EXAMPLES OF ASSISTIVE DEVISES OFTEN USED IN THE WORK PLACE INCLUDE:

→ teletypewriter (TTY) or telephone amplifier, used by persons Who are Deaf or Hard of Hearing

→ wooden blocks to elevate desks and tables for wheelchair users

→ large-type computer terminals, screen reading software and braille printers to assists persons who are blind or visually impaired.

→ decisions to implement an accommodation should include making a choice that will best meet the needs of the individual by minimizing limitation and enhancing his or her ability to perform job tasks while serving the interests of your work force.

For more detailed information please refer to the Disability Employment Tool Kit that is available from the Disabled Persons Commission at (1-800-565-8280).

7. PARTNERSHIP FOR ACCESS AWARENESS

The Disabled Persons Commission participated again in the 2002 Nova Scotia Access Awareness Week activities. The major role played by the Commission was again around Provincial activities of the week. This year the theme was "*Until it Touches Your Life*".

SUMMARY OF CITIZENSHIP FORUM 2002

Although the 120 participants came from a variety of backgrounds; a mix of individuals who work with the disabled community and persons with disabilities themselves, they united at the May 29th Citizenship Forum, a highlight of Action Awareness Week 2002 to focus on the idea of "Transitions".

The bulk of the day was devoted to small group discussions regarding factors that must be considered and what elements must be in place to foster an "ideal" transition. Three scenarios were presented:

The first scenario asked about the transition from independence to dependence (or the reverse, from a situation of dependence to one of independence).

The second referred to a change in community (moving from rural/small town to urban centre and its converse).

The third dealt with the acquisition of a disability (whether it be through an accident or age-related medical condition, or through the birth of a child with an inherited genetic condition).

These scenarios were purposefully designed to be relevant across functional categorization and across age classifications. Participants were asked to consider the situation as a whole, looking at physical, social, vocation, psychological and financial aspects related to both the individual and his or her support network/family.

Drawing from the experiences and expertise of those dealing with a variety of challenges, from mental health concerns to physical limitations, some common themes and some specific concerns were discussed by the groups, then summarized for presentation to the gathering as a whole.

Though the "advice" most often applies across scenarios, highlights of the specific summaries

included:

NEGOTIATING A TRANSITION FROM DEPENDENCE TO INDEPENDENCE (OR VICE VERSA)

- evaluate an individual's readiness - and willingness - to make a transition
- there is a need to address the concept of "learned helplessness" on a societal level

CHANGING COMMUNITIES

- rural and urban communities often operate in different ways and with different standards
- RURAL - "take care of their own", individuals/families are know within the community, help often comes from friends and family rather than as a paid service.
- URBAN - trade "family" for anonymity, greater variety of services available (medical, support groups, transportation options) but often at the expense of a supportive community.

ACQUIRING A DISABILITY

- draw on all the resources your community has - people are often willing to help, but they don't know where or how help is needed. Education is crucial at all levels.
- flexibility is needed - on an individual level right up to the level of government policy
- society must be willing to make an investment - be it in retraining an individual to facilitate re-entering the workforce or be it adding a ramp to a storefront, the potential for return is enormous.

"Advocacy" and *"collaboration"*, were words frequently repeated at the Forum. It was apparent that the community involved with disability issues wants to take action. Be it through self-advocacy or through the actions of a united effort, the time for discussion has past. Action Awareness Week 2003 planning for Forum 2003 is focusing on how to help the disabled community grain the communication, partnering and negotiating skills necessary to move forward on their issues of concern.

THE MEL HEBB HOUR GLASS ACTION AWARDS

The Commission, as part of it's mandate to advise the Coordinating Committee of Ministers on "*what community in the Province has done the most in any year to improve awareness of*

accessibility of persons with disabilities" has supported the work of the Partnership for Access Awareness Hour Glass Action Awards Committee.

Each year during Nova Scotia Access Awareness Week, the efforts of individuals, organizations, and businesses that have made exemplary accommodations to their environment and/or operations in order to be more accessible to the public are recognized. The Award has been renamed in memory of Mel Hebb, who passed away October 3, 1999. Mel provided leadership and inspiration as Chairperson of the Awards Committee, as well as being a volunteer and friend of the Committee and Board of Directors of the Partnership for Access Awareness - Nova Scotia.

This year's award winners were:

SOUTH END ACCESSIBLE PLAYGROUND COMMITTEE, NEW GLASGOW:
This community initiated a remarkable story of vision, tenacity and inclusion. A group of volunteers, committed to making a difference for a more inclusive neighborhood, developed an idea that resulted in a $365,000, "state of the art" accessible recreational area built to be used by all ages. This "dream come true" playground took solid purpose, incredible commitment, effort, and expertise from this remarkable group of Pictou County neighbors. The personal learnings, within the membership, around the concepts of exclusion, accessability and inclusion were profound.

Judy Hughes of the Pictou County Persons' With Disabilities Partnership Society states, "This committed volunteer group proved common purpose; a few resources and a belief in each other have made a difference to all who live in Pictou County."

PEGGY BROWN, PIONEER AWARD:
Peggy Brown, a long-term volunteer and activist in Nova Scotia's disability community, introduced innovative concepts to the community in the 1970s and 1980s with her fellow committee members. Accessible transportation, independent living, and peer support were all initiatives that have developed into fruition, as a result of the direction and dedicated efforts of Peggy and a few others. Still a volunteer for a number of these agencies, Peggy remains an active member and is often seen at demonstrations concerning disability issues.

Nominated by Lois Miller, Independent Living Resource Centre, HRM, who remarks, "I nominate Peggy - not only for her individual contributions which are many - but also for her contribution to the Disabled Individuals Alliance. She is one of few remaining disability pioneers whose

efforts through DIAL have continued to benefit our community for a quarter of a century."

CAISSE POPULAIRE DE CLARE LTÉE, DIGBY COUNTY:

Caisse Populaire de Clare has three branches in the municipality of Clare/Meteghan, Saint Bernard and Church Point which have received new accessible ramps and automatic doors to make their businesses more accessible to persons with disabilities. In addition, the business has donated $750 each of the last four years to assist the Clare accessible transportation system. This work was done with the spirit of accommodation and to better serve the community.

Nominated by Claredon Robicheau, Clare Organization Representing Persons with Disabilities, he discloses, *"The manager has done these renovations because it was the right thing to do, and without any grants."*

BOB JANES, AMHERST:

Bob Janes, a member of the Rotary Club of Amherst, has been chair of the Camp Tidnish Committee for the past nine years. This camp has more than 350 disabled campers each year and will celebrate its 65th year of operation in 2002. Over the past several years, Bob has worked tirelessly on providing all the necessities for Camp Tidnish, and on many occasion has secured new and replacement equipment from local businesses at low to no cost. He has been instrumental in helping the camp acquire a pool enclosure–raising just over $25,000, a 75-horsepower pontoon boat, 2 dorey boats, and improvements and additions to the camp kitchen, to name a few his accomplishments.

Heather MacDonald of the Abilities Foundation of Nova Scotia comments, *"If there is a way to improve the camp for the benefit of our campers, you can be certain that Bob will find a way to make it happen. He always responds to any need or concern that involves the camp, a program that is close to his heart."*

RON LEVY, PICTOU, PIONEER AWARD:

Ron Levy is a star volunteer who has dedicated the last ten years to serving his community, especially the Disabled Community in Pictou County. He has compassionately provided leadership, guidance and expertise with many community volunteer organizations. These organizations include Fire Departments, Kinsmen, Community Health Boards, Multiple Sclerosis Society, Career Connections, Pictou County Let Abilities Work, Pictou County Persons' with Disabilities Partnership Society, the Barrier-Free Committee and the Central Highland Association of the Disabled. Mr. Levy has worked tirelessly for his community, giving support,

commitment and substance to all of his involvements.

Judy Hughes of the Pictou County Persons With Disability Partnership Society tells us, *"His generosity, humor, and spirit is appreciated by all and we take great pleasure and pride in nominating our colleague and friend."*

LIONS CLUB, PORT HAWKESBURY:

The Port Hawkesbury Lion's Club has put back into the community well over one million dollars and has helped countless people in the community in many ways. Since the inception of the Regional Occupational Centre in 1975, the Lion's Club has continually been a loyal supporter, providing jobs for clients and organizing fund-raising activities, which provides valuable revenue. Donations of equipment and Christmas gifts with dinner and music have been given for so many years that the count has been lost. After a fire at the Centre in 2001, program space was donated and Club members were in constant contact offering help. This very troubling time turned into something meaningful, thanks to the Lion's Club.

Nominated by Kay Isenor, Regional Occupational Centre of Port Hawkesbury, she states, *"The Port Hawkesbury Lion's Club has provided much need services and support to enhance the lives of persons with disabilities."*

MARY MASON, MONASTERY - PIONEER AWARD:

Mary Mason has been a long-term advocate for all persons with disabilities. Mary has been the spearhead in many projects, including organizing the annual access awareness parade and producing a video about school children with disabilities. Using many avenues of communication, Mary has been instrumental in bringing about changes and improvements such as elevators, automatic doors, accessible ramps, and bathrooms being installed in the community. Mary Mason helped to form the Disabled Coalition of Antigonish-Guysborough and presently is the driving force as the Board Chairperson.

Patricia Norman of the Disability Coalition of Antigonish-Guysborough nominated Mary Mason. She explains that *"Despite being confined to a wheelchair and needing assistance, Mary has doggedly, quietly, and graciously - often single handed and in all kinds of weather - fought for a greater appreciation and better access for persons with disabilities in our community."*

CERTIFICATES OF MERIT:

BARRY PATRIQUIN, OXFORD
Nominated by Cumberland Abilities Partnership Association.

Barry Patriquin, a Para-Olympian, and dedicated volunteer, has demonstrated inclusion through his leadership, hard work, and dedication to the youth of Cumberland County.

CONVERGYS CUSTOMER MANAGEMENT, PICTOU COUNTY
Nominated by Pictou County Persons with Disability Partnership Society.

A relatively new company, Convergys partnered with the Disability Partnership Society to design, develop, and implement a Skills Training Program which led to a course being offered at the Community College. Covergys places a high priority on their inclusion and incorporation into their hiring practices.

CONVERGYS CUSTOMER MANAGEMENT, HALIFAX
Nominated by TEAM Work Cooperative.

For the past two years Convergys has partnered with TEAM Work Cooperative to create two skills training partnership programs which created twenty-five new jobs for people with disabilities.

HOWARD GREEN, HALIFAX
Nominated by Affirmative Industry Association of Nova Scotia.

Mr. Green's vision of a Collaborative Partnership Committee, with government and community as equal partners collaborating on design, delivery and management of programs and services while providing the greatest quality service to the community has been successful. This framework has provided a stronger, united front for persons with disabilities.

8. NATIONAL SUPPORTED EMPLOYMENT CONFERENCE

Throughout 2001, the Disabled Persons Commission performed a significant leadership role in the planning, designing and implementing the 6th National Supported Employment Conference in November at the Sheraton Hotel in Halifax.

In Nova Scotia there is a unique structure which includes eleven Partnerships throughout the Province to assist the Disability Community in increasing their social and economic participation and contribution to their communities. Representation from each of these organizations formed a Steering Committee, chaired by Judy Hughes, who was responsible to organize, monitor and orchestrate the content and delivery of the conference. The Steering Committee was successful in acquiring financial resources from HRDC to hire consultant Wendy Levy to assist with conference planning. This process succeeded on many levels in bringing this community together and strengthening the collaborative nature of each organization, within and between similar partners and with government. The Steering Committee spent much time and energy to ensure the content would meet "cross disability" in nature and the content of the conference would deal with new trends, theories, and themes of the day to reach as many potential participants as possible.

There were three hundred and twenty five participants from coast to coast to coast representing all disabilities. There was twenty five presentations during the conference. The selections were based on geographical and topical diversity giving particular attention to youth with the support of Skills Canada .

The following displays were also evident from HRDC, TEAM Work Co-operative, Metro Resource Centre for Independent Living, and the Micro-Computer Science Centre. The evaluations proved to be very positive in nature and most participants felt their expectations were met.

Overall the conference was deemed to be successful.

9. NOVA SCOTIA DISABLED PERSONS COMMISSION DIRECTORY

The Nova Scotia Disabled Persons Commission has compiled a new updated version of the Resource Directory For Persons with Disabilities in Nova Scotia. This directory is a compilation of key programs and services that benefit persons with disabilities. The information contained in this directory can also be obtained over the internet at http://www.disabilityweblinks.ca/. Additional information can also be obtained from the Nova Scotia Governments web site: http://www.gov.ns.ca.

If you wish a copy of this directory, it will be offered to you free of charge by the Disabled Persons Commission. To obtain your copy of the directory, please contact the

DISABLED PERSONS COMMISSION
PO Box 222 CRO
Halifax, NS B3J 2M4
Phone: (902) 424-8280
Toll Free: (800) 565-8280
Fax: (902) 424-0592

10. ACCESS TO GOVERNMENT BUILDINGS

The Province of Nova Scotia in the process of developing a barrier free access policy for it's leased and owned premises. An Accessible Policy Development Committee comprising representatives of various departments has been reviewing current Government policy, specifications and practices with respect to Barrier-Free Access. The goal of the committee is to be able to make recommendations which will be practical and responsive to the access needs of all Nova Scotians while reflecting the fiscal capability of the Province.

BACKGROUND

In 1998, the Disabled Persons Commission made a presentation to senior officials of the Department of Transportation and Public Works concerning the need for leadership and commitment to the establishment of a corporate policy that would ensure equal access to both employment opportunity and services of the Province of Nova Scotia.

Following this presentation it was agreed that an inter-departmental committee would be established with the expressed purpose of providing reasonable and practicable recommendations to government with regard to a corporate policy on accessibility.

Since the Nova Scotia Disabled Persons Commissions has a mandate to advise the Province of Nova Scotia through the Coordinating Committee of Ministers on the needs and abilities of persons with disabilities. The issue of access to government owned and leased office space was identified as a concern. It was agreed that the Province must ensure that its services are accessible to all Nova Scotians. Furthermore, the signing of an *Affirmative Action Agreement* by the Province - which reflects the Province's commitment to create a diverse workforce - points to the need to ensure that employment opportunities with the Province of Nova Scotia are accessible to citizens with disabilities.

The Department of Transportation and Public Works, as the department responsible for developing policy and specifications regarding both government owned and leased office space, was the lead department in the policy development initiative. Through the work of an Inter-Departmental Policy Development Committee, the Province of Nova Scotia has initiated the development of a corporate policy for Barrier-Free Access to Government Real Property.

The development of the policy was the culmination of considerable work and effort from the Inter-

Departmental Policy Development Committee for Barrier-Free Access. The policy was designed to be responsive to the access needs of all Nova Scotians while reflecting a practical and fiscally responsible approach to government. To enable this approach, the policy was accompanied by recommendations for implementation including prioritizing facilities for upgrade, a classification system of levels for required access, methods for dealing with waivers and variances and interim procedures and measures. Also key to the implementation of the policy is the development of an evaluation tool Government of Nova Scotia Accessibility Evaluation Guideline which enables evaluators to determine the current level of access for government property as well as the renovations required to meet the appropriate level of access, and potential costs for upgrades.

This policy, if adopted, will apply to all new construction, major renovations, new leases and lease renewals immediately upon adoption. An Accessibility Review Committee will be formed to determine individual department accessibility requirements, set annual priorities, review requests for variances, and measure the progress of the policy. The policy will apply to Government Departments, their Agencies, Boards and Commissions, and all will be encouraged to make accessability a priority.

11. BRAIN INJURY ASSOCIATION REPORT

BACKGROUND

THE PARADOX OF BRAIN INJURY TREATMENT AND REHABILITATION

"In a split second, you too can acquire a brain injury by tripping, falling down, being assaulted, riding a bike, a motor vehicle accident, cerebral bleed, stroke or a sports related incident. This is not a disease" Jane Warren.

Over the past decade there has been tremendous advancements and improvements in our Emergency Response and Acute Care team. The medical and technological improvements are saving lives today, that two years ago would not be possible. Nova Scotia is proud of having one of the best services in the country. A Brain Injury survivor says, *"They spend all this time and money to save your life only to be thrown in the garbage later"*. Given this reality there is much concern regarding the overall care plan and the social and economic repercussions for people suffering from Acquired Brain Injury (ABI). The Government of Nova Scotia realizes the importance of the needs identified within this population to the extent the Department of Health, in June 1998 established a Working Group to recommend a framework for a delivery service to

guide the future development of service options to meet the needs of this population. This research recommended and outlined a thoughtful and thorough Continuum of Care Program (see Acquired Brain Injury Report attached).

The Government requested assistance of Dr. Joyce and Dr. Braha in 2000 and requested them to look into Day Programming and a Long Term Care Unit for survivors who, due to the severity of their Brain Injury, need more than the 40 to 50 days within the Rehabilitation Center. This request was precipitated by extensive behavioral problems arising in the Rehabilitation Unit and the witnessing of escalating family crisis. A women whose brother and son are survivors of ABI stated "We are still in the struggle of recovery and it is like a roller coaster that lasts a lifetime. There is no end to it".

Some of the many examples of "warehousing" within the hospital system Dr. Joyce brought to the table were a middle aged gentleman who spend 5 years in the Rehabilitation Centre because of no appropriate community placement . Another example is a 43 year old woman who should have been discharged a year and a half ago but remains in the Rehab Centre because there is a lack of community infrastructures in place to meet her needs. Another 16 year old person who has been ready for discharge for six months, but still in rehabilitation because there is no discharge destination.

It is important to note that most families dealing with ABI are also thrown into an immediate crisis and suffering a great sense of loss, frustration, anger and futility. The Brain Injury Association of Nova Scotia (BIANS) was instrumental in getting government approval and funding to establish Aiseirigh House - a long term facility for three people, setting up six volunteer chapters throughout Nova Scotia and drafting legislation for mandatory use of Bike Helmets in 1997. This group has also completed international research of the different models of delivering programs through Community Support Centers. In 1988 they also made a submission to the Nova Scotia Commission on Health Care requesting a data base be established and the integrated and improved treatment approach to an improved and expanded Rehabilitation Center; and in 1999 submitted a Discussion Paper in response to Community Service's Welfare Reform Process, "Rebuilding the System" to include ABI survivors within the restructuring of our social service delivery system. It is very important to recognize in this report the tremendous volumes of advocacy, work and service the Brain Injury Association has given to this population primarily on a volunteer bases over the past ten years. Nationally, the Brain Injury Coalition states 30,000 Canadians sustain a traumatic brain injury severe enough to be admitted to the hospital. This translates to over 90 people per day. Of these 2,500 will die while hospitalized and 6,000 will live with some form of

disability effecting their return to what used to be their everyday life. In Saskatchewan, it is estimated that 220 acquired brain injuries per 100,000 individuals per year. In Nova Scotia, this would translate to 2090 brain injuries per year. These numbers are similar to those of the Brain Injury Association of Nova Scotia who estimate that between " 600 to 700 persons suffer a brain injury each year excluding non-hospital admissions and strokes" . It is also estimated that many if not the majority of brain injuries occur in young people between the ages of 16 and 33 years of age. This means the person, the medical system, their families and the community cope with ABI the rest of their lives (50-60 years).

Acquired Brain Injury is recognized as a generic term referring to damage to the brain. This damage occurs as a result of traumatic or pathological injury and is not related to a congenital disorder or a degenerative disease such as Alzheimer's or Multiple Sclerosis. In all cases, injury to the brain results from bruising, tearing or bleeding into the soft tissue or, as in "non-traumatic" brain injury (near drowning, strangulation or choking) that interferes with the oxygen supply to the brain. An injury to the brain results in a range of physical, cognitive, and behavioral problems as well as problems which are emotional, social, educational and vocational in nature. ABI maybe mild, moderate or severe. While the impact of severe injuries will be more debilitating, mild ABI may also affect survivors memory, cognition and behavior and needs to be assessed particularly once the physical rehabilitation has begun.

THE DISABLED PERSONS COMMISSION'S ROLE

"As a practitioner, my colleagues and I have a great deal of frustration trying to get the medical system to respond to a population that can not advocate for themselves, have suffered tremendous losses and our response to these people has lost serious ground in the past five years" Dr. Brenda Joyce.

The Commission has heard from this community throughout its history usually on a crisis basis or in a fragmented manner on based on individual need and felt it was time to take a thorough look at the whole situation, what constitutes the most recent reality, assets and accomplishments and what needs to be done to move the issue forward. The Commission also wanted to look at co-ordination of services and to make this report and its' recommendations manageable and doable. In order to inform the Commission it was decided to host a Round Table on Acquired Brain Injuries and invited experts from the medical field, the community, the family and survivors; Dr. Brenda Joyce, Dr. Richard Braha, Barbara Hart (Chair of the Brain Injury Association of Nova Scotia)(BIANS), Mary Bourgeois (Past Chair, BIANS), and family care giver of two survivors.

Invited as well were two guests who had particular interest in this issue, Cathy Deagle-Gammon (President of the Workshop Council of Nova Scotia) and Sharron Garroway (Executive Director of BIANS). The facilitator for this Roundtable was Percy Paris (Henson College). All Commissioners were present and participated throughout the presentation. All of the experts presented and this was followed by a lively and thoughtful question and answer session.

RECOMMENDATIONS

1. Design and implement a Task Force, working from the previous Report of August 99, to develop a Framework for Implementation to meet the needs of this population securing a commitment from the community, government and other stakeholders to share resources and co-ordinate services to look at a "continuum of care," delivery service.

2. Promote and support prevention programs involving the community, government and the private sector.

3. Collaborate with existing data collection systems to create a reliable Registry to document the extent and breadth of the situation.

4. The Department of Community Service and Department of Health along with the Community should cost share full-time positions for BIANS.

5. Extend the Rehabilitation Unit to include a five day a week out-patient program, and the appropriate inpatient supports. As well provide a navigator to co-ordinate discharge destinations and community support.

6. Develop and provide a basic training package to educate service providers and other stakeholders to the care and appropriate response to this population i.e. The Community colleges Network.

7. Brain injury needs to be recognized as a separate and distinct physical disability requiring specific and separate supports and services.

12. ARCHIE KAISER RESEARCH GRANT

In January 2002, a settlement was reached in a complaint by H. Archibald Kaiser against the Executive Council of Nova Scotia. Part of the agreement involved the government makings funds available to assist people with mental disabilities in gaining access to legal, education and other advocacy and access to justice services. The government agreed to provide $90,000 over three years to the Nova Scotia Human Rights Commission, to be allocated as determined by the Commission, in consultation with the Nova Scotia Disabled Persons Commission, through a call for proposals from appropriate mental health associations and/or consumer advocacy groups for discrete projects to accomplish some or all of the following objectives:

- Determine what services are presently available and how they could be better delivered to those most in need and to ensure that there is no duplication of any existing programs or services;
- Assist in providing public legal information on disability and equality issues;
- Develop a protocol with relevant stakeholders to ensure that information is available in hospitals and other applicable locations confirming rights and services available to mental health consumers in contact with the medical/justice systems;
- Assist the Provincial Government in understanding the needs of people with disabilities in law reform efforts; and,
- Engage in such other activities as determined by the Nova Scotia Human Rights Commission which promote the equality of people with disabilities.

In June 2002 the Nova Scotia Human Rights Commission in conjunction with the Disabled Persons Commission called for proposals. Not-for-profit community organizations or groups with a tract record of work or advocacy with and/or on behalf of people with mental disabilities were eligible. Total funding available for all projects was limited to the $90,000, at $30,000 per year. The Nova Scotia Human Rights Commission and the Disabled Persons Commission will form a selection committee to jointly assess proposals in the near future.